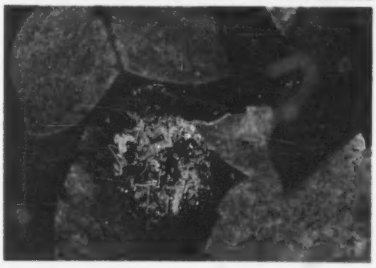
Annual Report

2007-08

www.sehealthmb.ca

South Eastman Health/Santé Sud-Est Inc.



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LETTER OF TRANSMITTAL

The Honourable Theresa Oswald
Minister of Health
Room 302, Legislative Building
450 Broadway
Winnipeg MB R3C 0V8

The Honourable Kerri Irvin-Ross
Minister of Healthy Living
Room 310, Legislative Building
450 Broadway
Winnipeg MB R3C 0V8

Dear Minister Oswald and Minister Irvin-Ross:

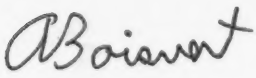
On behalf of South Eastman Health/Santé Sud-Est Inc., I am pleased to present the annual report for the fiscal year ended March 31, 2008.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2008 have been considered in preparing the annual report. The content of this report was approved by the Board at its August 2008 meeting.

The Regional Health Authority remains focused on its vision "*to achieve wellness and the best possible health by partnering with individuals, families and communities*", and is committed to providing quality, accessible health services for the people it serves.

Throughout the report, we have focused on the Regional Health Authority's strategic priorities, which are the foundation of our direction and guide us in our actions.

Sincerely,

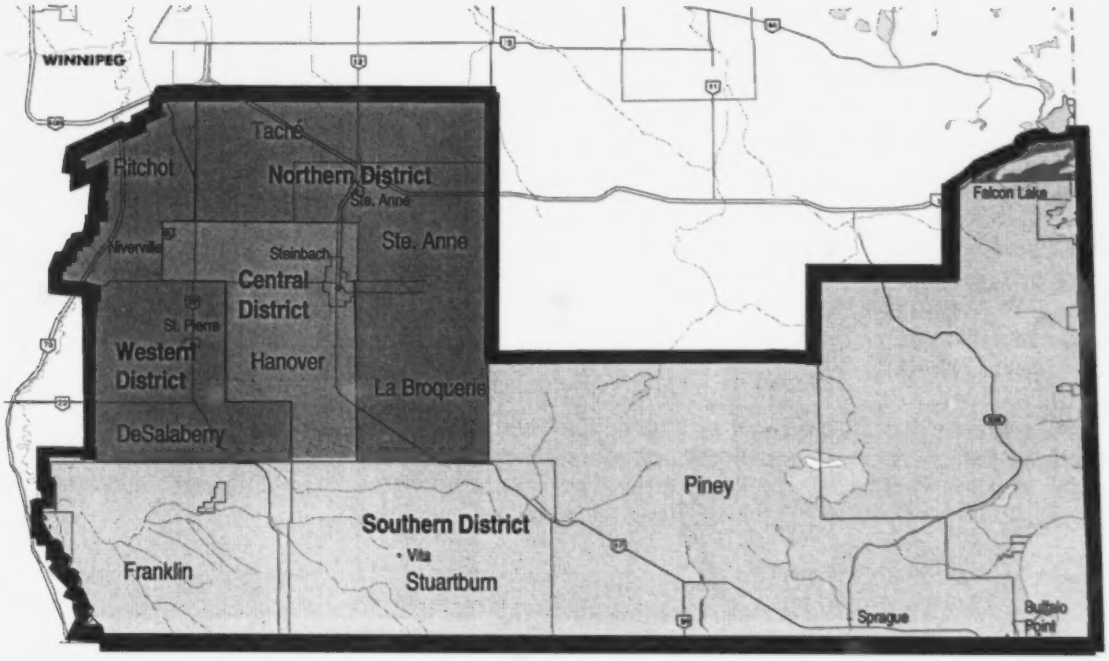


Aurèle Boisvert
Chairperson
South Eastman Health/Santé Sud-Est Inc.

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.

South Eastman Health/Santé Sud-Est Inc. is a rapidly growing bilingual rural Regional Health Authority (RHA) with a relatively healthy and young population. The RHA serves the south eastern area of the province covering approximately 10,000 square kilometres. The region includes 13 municipalities, one small First Nations community, and unorganized territory encompassing the area south from the Trans Canada Highway to the American border, and east of the Red River to the Ontario border.

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern.



Our population

In 2007, the population of South Eastman was 63,524 and continued the decade-long trend of 2% growth per annum. Since 1998, the population has increased by more than 11,000, or 21%, greatly exceeding Manitoba's overall growth of 4% and levels in all other RHAs. These increases were evident across all population age groups and all districts. The Central District, which includes the City of Steinbach, experienced a 36% growth and accounts for two thirds of the regional increase. South Eastman has contributed 22% of overall provincial growth from 1998 to 2007. Manitoba Health Population Reports show that between June 2006 and June 2007, South Eastman experienced a 3.5% population increase for the one year alone.

The South Eastman population represents a wide range of ethnicities. Ninety-eight per cent (98%) of residents report origins in five groups: European 42%, British Isles 16%, French 14%, Aboriginal 9% and other North American 18%. The contribution of European origins is noticeably greater than in the general Manitoba population at 34%.

Data from the 2006 Census records show that in South Eastman as in Manitoba overall, one in eight residents (12%) is an international immigrant born outside of Canada. According to Census figures, immigrants arriving in South Eastman from overseas since 1996 now represent 7% or one in fourteen residents; the corresponding Manitoba figure is 4%. While recent immigrants have settled in all parts of South Eastman, the majority (63%) reside in our Central District and another 23% in our Northern District.

However, health care funding has not kept pace with the region's population growth. In 1999-2000, per capita funding to South Eastman RHA stood at 46.5% of the provincial average and 67.3% of the rural/northern average. In 2006-07, South Eastman's per capita funding remained relatively unchanged at 45.2% of the provincial average and 67.2% of the rural/northern average, as the consistent population growth has consumed the 81.2% total funding increases since 1999-2000.

Our services

South Eastman Health/Santé Sud-Est Inc. provides specialized community and acute care health services in south eastern Manitoba.

Acute Care Services

Within the region are four hospitals where residents of south eastern Manitoba have access to a wide range of acute care as well as specialized services.

Bethesda Hospital/Bethesda Place (Steinbach)

- Emergency
- Surgical Care
- Long Term Care
- Medicine
- Cancer Care
- Obstetrics
- Cardiac Care Unit
- Rehabilitation Unit
- Physiotherapy
- Occupational Therapy
- Speech Language Pathology
- Children's Therapy Initiative
- Lab & Diagnostics
- Palliative Care
- Telehealth
- Spiritual Care

DeSalaberry District Health Centre (St. Pierre)

- Emergency
- Medicine
- Nurse-Managed Care
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

Ste. Anne Hospital

- Emergency
- Surgical Care
- Obstetrics
- Medicine
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

Vita & District Health Centre

- Emergency
- Medicine
- Physiotherapy
- Occupational Therapy
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Spiritual Care

Community Services

Community-delivered services are a vital component of an integrated health care system. The RHA provides the following services through its seven community health offices, two primary health care centres, five emergency medical stations, three community health resource centres as well as its midwifery unit.

- Audiology
- Community Cancer Care
- Diagnostic
- Emergency Medical Services
- Home Care
- Long Term Care
- Mental Health
- Midwifery
- Palliative Care
- Primary Health Care
- Public Health
- Services to Seniors
- Telehealth

Palliative Care volunteer with patient

Our facilities

Within these boundaries, the RHA owns and operates four acute care hospitals, two primary health care centres, and three personal care homes. In addition to these facilities, there are three long term care facilities operating under service purchase agreements and one privately operated personal care home. The RHA also operates seven community services facilities, and works collaboratively with three communities for services provided through health resource centres.

Hospitals

- Bethesda Hospital (Steinbach)
- DeSalaberry District Health Centre (St. Pierre)
- Ste. Anne Hospital
- Vita & District Health Centre

Primary Health Care Centres

- East Borderland Primary Health Care Centre (Sprague)
- Niverville Primary Health Care Centre

Personal Care Homes

- Bethesda Place (Steinbach)
- Repos Jolys (St. Pierre)
- Whispering Pines Lodge (Vita)

Obstetrics nurse with newborn and mother

Long Term Care Facilities - Contract

- Menno Home for the Aged (Grunthal)
- Rest Haven Nursing Home (Steinbach)
- Villa Youville (Ste. Anne)

Long Term Care Facility – Privately Owned

- St. Adolphe Personal Care Home

Chaplain dialogues with resident of Personal Care Home.

Community Services Facilities

- Dominion City
- Lorette
- St. Adolphe
- Ste. Anne
- St. Pierre
- Steinbach
- Vita

Community Health Resource Centres

- Coin Santé/Health Corner (St. Pierre)
- Centre de santé Sainte-Agathe
- Centre de santé La Broquerie

FACTORS THAT INFLUENCE HEALTH OUTCOMES

Education

Higher education levels increases the likelihood of obtaining higher wage employment, accessing high quality health care and living a healthy lifestyle.

The number of people in the South Eastman region that receive their high school diplomas and achieve education beyond the secondary level is lower than average for Manitoba across all age groups. In 2006, 32% of the 25-64 age group had post secondary qualifications compared to 44% in the province overall. Many young people age 15-24 years are still engaged in completing their education, yet 52% of this South Eastman age group lack a high school certificate compared to 48% in Manitoba. Within South Eastman, there is also marked variation in education levels across district populations and age groups. In the Western District, the proportion of young people age 15-24 lacking a high school certificate (43%) approximates the provincial level, while that in the Northern District (56%) exceeds both South Eastman and provincial levels. For the age group 25-64, proportions lacking high school certificates are greatest in the Central District (31%) and Southern District (31%), both above the provincial level (20%).

Income and Socioeconomic Status

Poverty and low household income are associated with a broad range of adverse health outcomes such as reduced life expectancies, death due to violence and chronic diseases. As well, poverty increases the likelihood of a person using tobacco or drugs, being overweight or obese, and not having health insurance.

While the percentage of South Eastman families living below the official low income cut off point fell below the Manitoba averages in 2005, some 7% or 1,100 families reported incomes at this level. These included 24% lone parent families headed by women and 16% lone parent families headed by men. Further, there were 3% of residents aged 65^{+} who reported living below the low income cut off and 8% of children under age 6 were members of very low income families.

Injury Rate

Injuries are the leading cause of disability and premature death, and result in substantial economic loss to society and individuals. Injuries include both unintentional (accidents caused by falls, motor vehicle accidents, fires, suffocation/submersion) and intentional (suicide, homicide, injuries inflicted by others). The leading cause of hospitalizations or death in South Eastman is accidental falls for both males and females and this is true for all of Manitoba according to the Manitoba Centre for Health Policy. The second leading cause is motor vehicle accidents.

South Eastman Health/Santé Sud-Est Inc. has shown a trend over the last 20 years (up to 2004) of decreasing hospitalizations and death related to injuries. Geographically, South Eastman has a decreased likelihood of injury hospitalization or death based on: individual characteristics that decreased the likelihood of injury for females being younger and for males being older; being a resident of a higher income; and not having physical or mental problems. Among South Eastman residents, death rates from unintentional injuries remain on par with the Manitoba rate throughout the period 1995-2005.

Infant Mortality

Infant mortality is a well established measure of child health and of society's well-being. It measures the number of deaths of children under the age of one. Research shows that infants born with low birth weight or pre-term have a higher risk of infant death. Several factors affect infant mortality such as socioeconomic status, lifestyle behaviours, prenatal care and access to medical care.

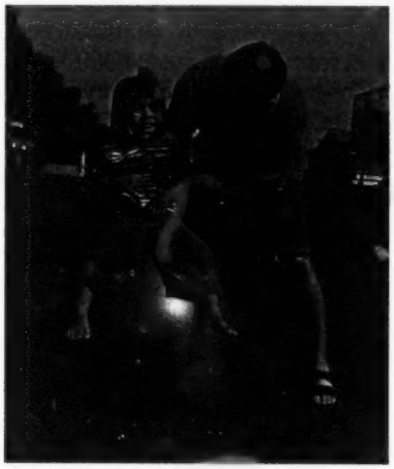
Health Behaviours - Risk Factors for Chronic Illness

Smoking Cigarettes

Smoking is the most important cause of preventable illness, disability, and premature death in Canada, leading to heart disease, circulatory disease, cancers, chronic lung disease, and digestive problems. In South Eastman, 21% of residents age 12 and over are current smokers, although another 41% are former smokers who have managed to quit. Unfortunately, 16% of youth age 12-19 report having smoked more than 100 cigarettes, starting on average at age 14. Thirty per cent of youth are exposed to second-hand tobacco smoke at home.

Overweight and Obesity

Canada has one of the highest obesity rates in the world. Among children and youth, the obesity rate has risen three-fold in the past 30 years. Overweight and obesity put people at risk for a wide range of chronic health problems, including high blood pressure, heart disease, diabetes, some cancers, as well as mental health problems such as low self-esteem and depression. For obese children and youth, these problems may develop early in life. Twenty per cent of South Eastman children and youth age 12-19 and 60% of all residents age 18 and over are overweight or obese.



Father and daughter playing outdoors

Physical Activity

Regular physical activity greatly reduces the risks of heart disease, diabetes, obesity, osteoporosis, and arthritis. In South Eastman, only 21% of residents age 12 and over are considered active while more than half (56%) are inactive. The activity rate among youth age 12-19 is 44%.

Prevention

Flu Shots

Annual immunization against influenza protects groups at high risk for the serious complications of this common illness, including young children, people aged 65 and older, and people with chronic illnesses. Only 60% of South Eastman residents age 65^{+} have a flu shot each year.

Screening

Cervical cancer (Pap) screening and mammography screening are powerful tools in the detection and early treatment of cervical cancer and breast cancer in women. Only 70% of South Eastman women age 18-69 have a Pap test every three years, as recommended. Only 65% of women age 50-69 have a mammogram every two years, as recommended.

Health Service Availability and Accessibility

Marked and steadily increasing population growth over the past decade has presented serious challenges to the availability and accessibility of health services in South Eastman. To meet growing needs across all age groups and planning districts, health services provided by South Eastman Health/Santé Sud-Est Inc. have increased and broadened substantially.

VISION - MISSION - VALUES

In February 2008, the Board of Directors adopted the following revised Vision, Mission and Values statements for South Eastman Health/Santé Sud-Est Inc. This is the result of consultations with stakeholders including the District Health Advisory Councils, the Provider Advisory Committee, as well as RHA employees.

Vision

To achieve wellness and the best possible health by partnering with individuals, families and communities.

Mission

To pursue our Vision by providing quality health services supported by evidence-based decision making.

Values

We believe in **INTEGRITY** and are committed to being transparent and honest with our staff, our partners, and the communities and people that we serve.

We believe in a **SHARED VISION** and will work with our staff, partners, and community to ensure that a clear understanding of this vision informs all of our planning and work.

We believe in **RESPECT** and recognize the value, equality, resourcefulness and resilience of individuals including staff, volunteers, patients and community members, and are committed to responding with empathy, compassion and respect for community diversity.

We believe in **PATIENT SAFETY** and **SERVICE EXCELLENCE** and encourage all parts of the regional health delivery system to seek creative and innovative solutions to deliver safe, integrated and quality health services while maintaining a willingness to change and openness to continuous learning and improvement.

We believe in demonstrating **PERFORMANCE ACCOUNTABILITY** by providing a safe, responsive and sustainable health care environment through responsible governance and management practices, prudent stewardship of resources throughout the organization, transparency and good communication, and by demonstrating integrity and ethics in the interactions of the total organization.

We believe in **COLLABORATION** and are committed to teamwork, consultation and two-way communication with our partners and regional communities in order to deliver services in the most effective manner while respecting the different needs and priorities of those with whom we work.

BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which is accountable to the Minister of Health. The Board governs in compliance with the legislative authority as outlined in *The Regional Health Authorities Act*. The Board plans and makes decisions in accordance with its Ends Statements and Strategic Priorities as identified in the five year Strategic Plan, which are reviewed annually. The Board monitors Board Ends and regularly reviews a variety of reports and scorecards with the Chief Executive Officer to monitor the performance of the Regional Health Authority (RHA).

The Board oversees the efficient implementation of the health plan, the appropriate allocation of funds, and the maintenance of effective systems of control and legislative compliance by adhering to *The Regional Health Authorities Act* and the associated By-Laws approved by the Ministers of Manitoba Health and Healthy Living. The following Board Committees are in place to assist it in achieving this:

- Executive/Governance
- Finance/Audit
- Policy Development and Review
- Community Relations.

There is Board representation on the Regional Quality/Risk Management Team, the Leadership and Partnerships Team, the Regional Ethics Committee, and a Board Liaison on each District Health Advisory Council as well as the Provider Advisory Committee.

The Board conducts a bi-annual self-assessment to evaluate its performance and identify its education requirements. Open Board meetings are on the fourth Thursday of every month (except for July where there is no meeting) with local media attending all Board meetings. Information on meeting dates and times as well as Board meeting minutes are available to the public on the RHA website.

Board members in 2007-08

Aurèle Boisvert (Ste. Anne), Chair
Bev Schmidtke (Steinbach), Vice Chair
Patricia Danylchuk (Lorette), Secretary-Treasurer
Henri Bisson (La Broquerie)
James Dewart (St. Pierre)
Donald Dupuis (St. Adolphe)
Anita Funk (Grunthal)
Vania Gagnon (Lorette)
Cornie Goertzen (La Broquerie)
George Sawatzky (Niverville)
Claude Lemoine (Ste. Agathe)
Christiane Neufeld (Steinbach)
Bryan Nichols (Dominion City)
Chris Summerville (Steinbach)

Board activities

- Participated in the Accreditation Canada (formerly Canadian Council on Health Services Accreditation) process with particular emphasis on governance standards.
- Contributed to the development, review and approval of the RHA Health Plan.
- Developed and adopted a Board Ethical Decision-Making Framework Policy.
- Following consultations with District Health Advisory Councils, the Provider Advisory Committee and RHA employees, developed revised Vision, Mission and Values statements to reflect the current reality and future directions of South Eastman Health/Santé Sud-Est.
- Provided formal orientation to new Board members and conducted a Board Retreat in September 2007 which focused on Ethics in Healthcare and the role of the Board.
- Actively participated in employee and volunteer appreciation and recognition events, as well as fundraising initiatives coordinated by employees, foundations and auxiliaries.
- Approved and supported the RHA's Long Term Care Strategy Report identifying the need for additional personal care home beds and supportive housing in the region.

Board consultations with the public and stakeholders

The Board values partnerships and appreciates the importance of consultations with key stakeholders, including physicians, nurses and RHA employees. Therefore the Board regularly invites the public and key stakeholders to Board meetings, as well as to other activities. This provides opportunities for interaction, input and active participation as well as for consultation and information sharing.

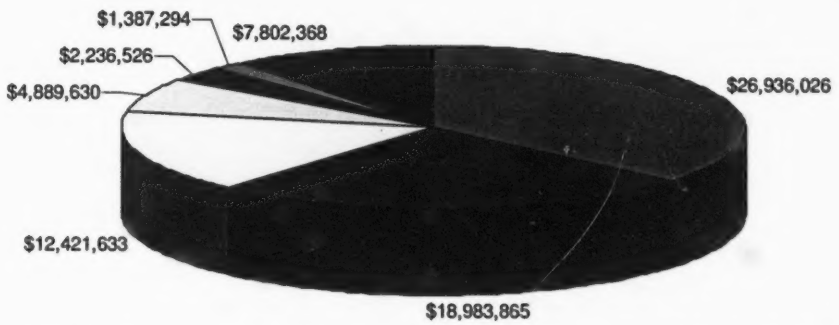
Board consultations in 2007-08

- Local Government District of Piney and the Community Resource Council to discuss services to seniors and community needs.
- Representatives from Ile-des-Chenes to discuss alternate seniors housing as well as possible sites for future Emergency Medical Services.
- Rural Municipality of Franklin to discuss local needs such as services to seniors and ambulance services in Dominion City.
- Grunthal Menno Home Board to discuss supportive housing and personal care home beds.
- Board members met with members of the District Health Advisory Councils and the Provider Advisory Committee as a whole three times over the course of the year where consultations and dialogue about health issues occurred.
- Board members participated on the Leadership and Partnerships Committee which includes members of the Boards of contract sites in the region and other stakeholders.
- The Board Chair and the Chief Executive Officer met with employees from all facilities and programs across the region to share key information and provide a forum to discuss concerns.

Allocation of funds for 2007-08

South Eastman Health/Santé Sud-Est Inc.
Expenses by Sector
as at March 31, 2008

$74,657,342



Note: Acute Care includes land ambulance (EMS) and diagnostic services. Non-global includes capital costs and medical remuneration.

Source: South Eastman Health/Santé Sud-Est Inc.

ADVISORY STRUCTURE

The Chief Executive Officer, reporting to the Board of Directors, ensures efficient and effective management and delivery of health services within the South Eastman region. The Chief Executive Officer works with the Executive Management Committee and a Regional Management Team to accomplish the goals as determined by the Board.

Program and facility managers are responsible for administering regional health programs and services including: acute care, long term care, public health, primary health care, mental health, home care, services to seniors, emergency medical services, palliative care, and diagnostic services. The majority of corporate functions (human resources, finance, communications, French language services, quality risk and planning, materials management, construction, and information technology,) are centralized for competent and efficient use of resources.

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern. The RHA has one District Health Advisory Council for each district, as well as one Provider Advisory Committee, Medical Advisory Committee, and Mental Health Advisory Council for the region. The RHA Board of Directors holds three joint Board meetings per year with the District Health Advisory Councils and the Provider Advisory Committee, providing a forum for consultations and dialogue.

District Health Advisory Councils (established in 1997)
Members of District Health Advisory Councils (DHAC) have an interest in the health of their communities. District Health Advisory Council members provide advice to the Board on appropriate health-related actions and services for their district. As well, they help the Board communicate its policies and activities to their communities. District Health Advisory Councils may initiate local projects. These projects focus on informing the communities and promoting health within a district or throughout the regional population. One RHA employee and Board member are appointed to each District Health Advisory Councils to act as liaison.

Provider Advisory Committee (established in 1997)
The Provider Advisory Committee facilitates communication between the RHA Board and health care providers, as well as advocating for improved health for all members of the community. It identifies local needs and makes the RHA Board aware of health care provider opinions relevant to decision-making and planning. One RHA employee and Board member are also appointed to the Provider Advisory Committee to act as liaison.

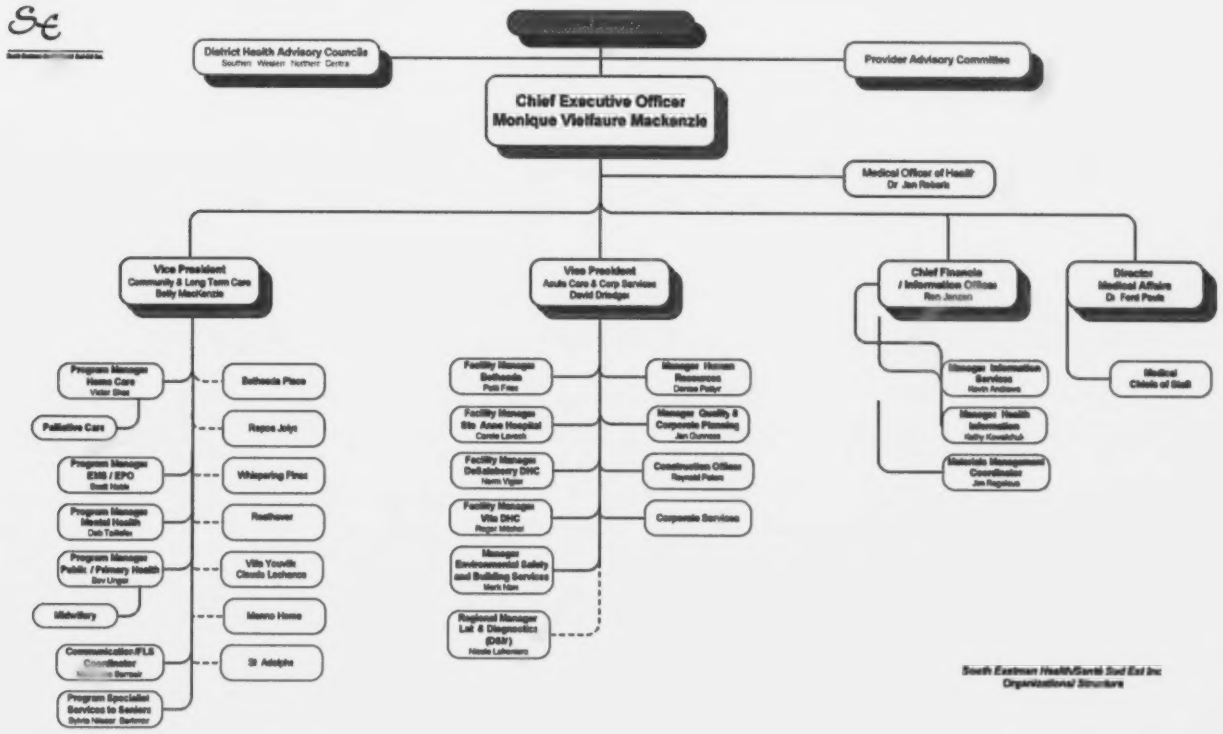
Medical Advisory Committee (established in 1997)
The regional Medical Advisory Committee membership consists of the Director of Medical Affairs, a chief of staff from each of the four acute care facilities, a midwife, a surgeon, and the Vice President of Acute Care and Planning. The Medical Advisory Committee meetings are held on a monthly basis except July and August. The purpose of the Medical Advisory Committee is to make recommendations to the Board on medical matters, policies, rules, procedures, codes of conduct, as well as approve physician appointments and privileges.

Mental Health Advisory Council (established in April 2007)
The Mental Health Advisory Council provides advice and feedback to RHA management from the perspective of mental health consumers, family members and other support persons. Its membership includes consumers of mental health services, family members or other support persons as well as two employees from the RHA Mental Health program.

Accomplishments of advisory groups

- District Health Advisory Councils collaborated on the development of community-led projects with funding as part of the region's *Start Fresh!* Chronic Disease Prevention Initiative.
- District Health Advisory Councils and the Provider Advisory Committee attended three joint meetings with the RHA Board of Directors and Executive Management Committee for sharing of information and providing feedback into the health planning process for 2009-10.
- District Health Advisory Councils and the Provider Advisory Committee provided input during the consultation process for the review of the RHA's Vision, Mission and Values statements.
- The Mental Health Advisory Council developed and accepted Terms of Reference to guide its activities.
- The Medical Advisory Committee approved a drug formulary for the acute care facilities.

ORGANIZATIONAL STRUCTURE



South Eastman Health/Santé Sud Est Inc
Organizational Structure

Staff changes in 2007-08

- Manager - Home Care Program
- Facility Manager - Bethesda Hospital in Steinbach
- Facility Manager - DeSalaberry District Health Centre in St. Pierre
- Facility Manager - Vita & District Health Centre in Vita
- Manager - Quality & Corporate Planning
- Regional Manager - Lab & Diagnostics, through Diagnostic Services Manitoba
- Change of title from Regional Manager, Support Services to Manager, Environmental Safety and Building Services

New positions in 2007-08

- Manager - Information Services

STRATEGIC PRIORITIES

The five year Strategic Plan of South Eastman Health/Santé Sud-Est Inc. consists of the strategic priorities listed below. They are not in any specific order other than Population Growth, which is seen to be the principal strategic priority.

Population Growth	Acute Care	Long Term Care
Primary Health Care	Palliative Care	Mental Health
Population Health	Health Promotion & Illness Prevention/Education	Research
Quality	Patient Safety	Human Resources

Population Growth: To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

Acute Care: To work towards equitable in-region access to quality acute care services for all South Eastman residents.

Long Term Care: To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.

Primary Health Care: To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

Palliative Care: To enhance quality of living for residents reaching the end of life.

Mental Health: To build on the significant enhancements made to community mental health program and services over the past few years.

Population Health: To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.

Health Promotion and Illness Prevention/Education: To further position promotion, education and prevention services as key to improving future health in the population.

Research: To uphold the RHA's commitment to evidence-based health policy-making and planning.

Quality: To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.

Patient Safety: To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.

Human Resources: To enhance quality of care by providing staff with the education, tools, experience, confidence and an environment that fosters a healthy workplace.

RESULTS AT A GLANCE 2007-08

New Cancer Care and Birthing Centre

A new 11,602 square foot cancer care and obstetric facility was officially opened at Bethesda Hospital in Steinbach in December 2007. This new facility provides residents of south eastern Manitoba additional high quality obstetrical and outpatient cancer care services closer to home.

Ribbon cutting at official opening of new Cancer Care & Birthing Centre

A strong partnership between Manitoba Health and Healthy Living which provided more than $2.284 million in capital funding, the Bethesda Foundation providing $1.4 million, and South Eastman Health/Santé Sud-Est Inc., as well as support from the Bethesda Regional Health Care Auxiliary, made this state of the art centre a reality. The new three-storey addition accommodates a 3,300 square foot Cancer Care unit on the main floor, four new birthing rooms for families on the second level, and space for other services, on the lower level.

Niverville Primary Health Care Centre

The Niverville Primary Health Care Centre (NPHCC) continues to provide a range of health care services for residents of the area. The onsite survey visit from Accreditation Canada identified the centre as a leader in the area of primary health care. Physicians and a physiotherapist participate as part of the NPHCC team enabling us to continue to provide a client-centered care team approach. Diagnostic Services employees from nearby DeSalaberry District Health Centre provide on-site blood draws two mornings a week. Also, Niverville Medical Clinic recruited an additional physician and relocated to separate space within the Niverville Heritage Centre as a response to the growing population needs. Such initiatives enable residents in the area to access services closer to their home.

Chronic Disease Prevention Initiative (CDPI)

In its third year of community incentives funding, almost $30,000 was invested through South Eastman's Chronic Disease Prevention Initiative program, *Start Fresh!*, into 17 projects that promote chronic disease prevention at the local level. As part of this regionally coordinated and community-driven program, *Start Fresh!* supports communities in addressing lifestyle issues and habits that increase the risk of chronic diseases such as diabetes, cancer, as well as heart, lung and kidney disease. Local groups have shown creativity and commitment in their initiatives and are clearly demonstrating that they know best how to motivate residents towards healthier living. Successful projects varied from a school-based Healthy Mind Through Healthy Body program in Richer, to a children's skating program in Vita, and a Teen-Led Anti-Smoking Play facilitated by the Steinbach Arts Council. Over the past two years, *Start Fresh!* has invested over $80,000 in more than 30 locally-led projects. *Start Fresh!* has also facilitated and organized some regional healthy living and community capacity building workshops.

Falls Prevention Program

The Falls Prevention Strategy has been successfully implemented in all long term care facilities within the region. Important components of the strategy are:

- a new falls risk assessment tool completed for all residents;
- a falls prevention policy which includes goals, intervention strategies and measurement tools;
- a regional logo designed to identify residents at high risk for falls;
- information pamphlets on the resident and family's role in falls prevention;
- facility posters in all long term care facilities reminding employees, residents and families that "falls prevention is everyone's responsibility".

The RHA is in the initial stages of tracking data since the full implementation of the Falls Prevention Strategy. Initial results show that major injuries resulting from falls continue to be low in the region. The regional Long Term Care team continues to review incoming data to identify trends, problem areas and discuss successful interventions while maintaining a least restraint environment. The goal for 2008-09 is to compare rates of falls with external benchmarks, starting provincially.

Workplace Safety and Health

Work progresses on a regional Workplace Safety and Health Program in an effort to meet the legislative requirements for all 12 Program Elements. The following are improvements in 2007-08.

- Implemented new Workplace Hazardous Materials Information System (WHMIS) binders with updated Material Safety Data Sheets and chemical inventories for all sites.
- Developed and implemented 13 Workplace Safety and Health policies and procedures.
- Developed a new Injury/Near Miss reporting process.
- Established a Workers Compensation Board Return to Work program with monthly monitoring of employees on the program.
- Included relevant Safety and Security items in the Health Plan.

New Community Health Resource Centres

A partnership between the RHA, *Conseil communauté en santé du Manitoba (CCS)* and the *Table de concertation régionale Sud-Est* supported by federal funding led to the establishment of two new community health resource centres in the communities of La Broquerie and Ste. Agathe. In April 2007, an official opening ceremony was held to launch the services at these centres. During the ceremony, the official logo of the centres was also made public and artists were recognized as a result of a contest in local schools. During their first year of operations, the centres focused on partnerships and coordinated activities such as walking groups, a hip-hop dance evening, a community health fair, physical training and maintenance camps, information and screening sessions, workshops, as well as yoga and relaxation sessions.

Ms. Marilyn Brick, MLA for St. Norbert, the Nordick family who designed part of the logo, and Emmanuel Lemoine (98 year old resident) do the official ribbon cutting of the new Community Resource Centre in Ste. Agathe.

Some of these partnerships and grants resulted in the purchase of sports equipment which will continue to be accessible to the communities through their local schools. The centres also provided residents with a health corner consisting of printed materials, videos and a public computer. Furthermore, residents could access physician services on a weekly basis, public health services on a monthly basis as well as prescription drop-off services in these community centres.

Funding Announcements

South Eastman Health/Santé Sud-Est Inc. was also pleased to receive approval from Manitoba Health and Healthy Living for the following projects:

- The Bethesda Emergency/Special Care Unit/Observation Unit at $4.5 million.
- The Ste. Anne Hospital Surgical Suite at $6.0 million.
- Replacement of the final portion of the existing Fire Sprinkler System at the DeSalaberry District Health Centre in the amount of $195,000.
- Replacement of the Air Handling Condensing Unit at the DeSalaberry District Health Centre in the amount of $10,657.
- Building Controls (HVAC) Upgrade at the Vita & District Health Centre in the amount of $187,058.
- Thermostat/Sensor Safety & Security Upgrade at Ste. Anne Hospital in the amount of $10,443.
- The following Specialized Equipment items for the Regional Surgical Program: O.R. Light for Bethesda Hospital in the amount of $ 30,272; Cautery Machine for Ste. Anne Hospital in the amount of $26,500.
- The following Safety and Security projects:
  - Bethesda Hospital and Steinbach Community Health Services Security System at $50,000.
  - Bethesda Hospital: Building Controls and Water Pressure Pump at $287,000; Asbestos Abatement as part of the larger Boiler Replacement project at $59,950; Stand-By Generator at $295,000; Boiler Replacement at $490,000.
  - Vita & District Health Centre/Personal Care Home Lighting/Flooring/Painting Upgrades at $500,000.
  - Menno Home Personal Care Home: Security System at $55,000; Fire System/Paging/ Doors Upgrades at $250,000; Nurse Call System at $65,000.
  - Rest Haven Personal Care Home: Security Card Lock System at $65,000; Phase II Tub Room Renovations at $190,000.
- In April 2007, Premier Gary Doer announced the approval to proceed with the major redevelopment of the Villa Youville vacant Personal Care Home space. The project will provide: twenty-four Supportive Housing units; five Assisted Living units; a Bilingual Services Centre sharing common areas with the RHA, Manitoba Family Services & Housing and Manitoba Conservation; and the relocation of our Ste. Anne Community Services employees to this new site.
- A group of RHA Community Health employees applied for and received a grant of $3,000 through In-Motion to establish a walking program.
- The Children's Therapy Initiative funding increased from $90,000 to $124,000.

Community Partnerships

- The DeSalaberry District Health Foundation sponsored a large gazebo (sunroom) and furnishings in the courtyard at the facility to the amount of $30,000. In addition, the Foundation also sponsored the purchase of a cast cutter and floor washing machine.
- The Bethesda Regional Health Care Auxiliary contributed $32,000 for the purchase of a flexible bronchoscope and a baby warming system. The Auxiliary also contributed $45,000 towards the RHA's Cancer Care and Birthing Centre.
- The Bethesda Foundation provided $8,000 of funding for Professional Leadership Development and approximately $20,000 to support the development of a Regional Rehabilitation Centre of Excellence in Stroke Care. The Foundation also provided $1.4 million for the Cancer Care and Birthing Centre project at Bethesda Hospital.
- The Vita Foundation facilitated the relocation of the Cardiac Stress Machine to the Bethesda Hospital. The equipment was originally purchased for the Vita & District Health Centre a few years ago.

New gazebo in St. Pierre

Expansion/Enhancement of Services

- Successfully launched the Bethesda Lab Information System in July 2007, making electronic lab results from the Bethesda Lab available to nursing stations in all facilities within the region as well as at physician clinics in Niverville, Steinbach and Ste. Anne. The project was funded by Manitoba Health and Healthy Living.
- Completed the Vita & District Health Centre's flooring project for the Acute Care patient rooms, including Emergency. This was a Safety and Security project with total costs approved at $204,000.
- Implemented the new Emergency Medical Services (EMS) staffing model with new rotations in June 2007. The development and implementation of the new rotations has been very much a cooperative and collaborative process between EMS employees, the union representing EMS, Manitoba Association of Health Care Professionals, as well as the RHA Regional Management Team and Human Resources employees.
- Worked with Manitoba Conservation and Manitoba Health and Healthy Living in preparation for the transition of the Falcon Lake EMS service to our regional EMS program.
- Finalized an agreement with the Town of Niverville that supports the Town in assuming operational control of the Niverville First Response group.

Ste. Anne Emergency Medical Services employees

- The Manitoba Health/Manitoba Medical Association Emergency Medical Services Agreement (June 2007) has resulted in the Bethesda Hospital Emergency Department having full physician coverage.
- Replaced, at a reduced cost, the varied and dated safety infusion pumps and electronic vital signs monitors at the four acute care sites.
- Linked to the Provincial Client Registry in January 2008, which is a cornerstone for the development of a provincial electronic health record.
- Successfully launched the Materials Management Information System in July 2007, which will standardize the purchase order process and provide long-term administrative efficiencies to handle increasing purchasing volumes, while improving internal controls.
- Transitioned from our contracted out technical support services to an internal RHA Information Systems Department.
- Opened a wound clinic in November 2007, which operates four hours a day, seven days a week. Residents of the area who are ambulant and require dressing changes and wound care accessed these new services in the region and can continue to do so.
- Signed up to participate in the national *MORE*^{OB} program which focuses on the quality of care and patient safety for obstetrical clients.
- Developed *Safer Healthcare Now* initiatives at different levels within the region including Surgical Site Infection, Myocardial Infarction, and Medication Reconciliation.
- Participated in the provincial *Books for Babies* initiative announced by the Minister of Healthy Living in December 2007. This provides parents with a book for their infant, literacy information and a magnet/photo frame, building upon similar Early Years initiatives already implemented in the region.

New positions

- A geriatric psychiatrist to join our Mental Health Services for Older Adults Team.
- A Recruitment Officer to lead recruitment initiatives including physician vacancies and other various health professions in the region.
- A supervisory position in the Home Care Program.
- A full time Clinical Psychologist within the RHA's Mental Health Program.
- A Registered Nurse (Extended Practice) - primary care for DeSalaberry District Health Centre.
- A Clinical Resource Nurse for the Rehabilitation Unit at Bethesda Hospital.
- A Manager, Secondary Services for Bethesda Hospital.
- A regional Patient Safety Officer.
- A Program Coordinator for our new Supports to Seniors in Group Living program which is part of our proctor program.

PERFORMANCE RESULTS 2007-08

South Eastman Health/Santé Sud-Est Inc. has developed a comprehensive five year Strategic Plan whereby twelve priority areas were systematically identified to support Manitoba Health and Healthy Living goals for delivery of services in the regional health authorities. The Strategic Plan provides the foundation for measuring progress toward achieving these goals, and planning for future challenges and new objectives. The RHA has identified actions, outcomes and targets for each of its twelve strategic priorities over the course of its five year implementation of the Strategic Plan.

The RHA continues to address the distinct needs and challenges of its diverse population (i.e.: new immigrants, above average increasing aging population) and employee recruitment issues, as well as unique district concerns, which can present significant challenges and funding implications.

POPULATION GROWTH

Strategic Priority

To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

- To have adequate funding in all program areas.
- To more effectively meet the additional and unique needs of the overseas immigrants.
- To strengthen prevention and early intervention services to limit future demand for high cost care.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- South Eastman is experiencing a level of population growth not experienced elsewhere in Manitoba.
- South Eastman has experienced years of steady growth which continues to create pressures on all RHA services. The RHA recognizes that to continue to deliver quality care using the right provider at the right place and the right time requires increases in funding. Therefore, to achieve the goal of quality services, funding is an essential element.
- Major contributors to population growth are immigration (particularly from overseas), in-migration and a high fertility rate.
- Immigrants have been identified by the RHA as a priority population group.
- Although visits to emergency rooms are not increasing, the number of visits to the walk-in clinics has risen to 28,000 annually in the Central district. In addition, the acuity levels of the patients being seen in the emergency rooms has increased, significantly affecting the workforce and space requirements.
- Demands for services have dramatically increased including obstetrics, midwifery, family health care, mental health and public health.
- South Eastman has steadily growing numbers of young families. In the Central District, home to nearly half of South Eastman residents, the number of children under the age of 15 has increased 40% over the past decade.
- Midwifery continues to be a high priority area with 119 clients declined services in 2007-08, compared to 102 in 2006-07 due mainly to full caseloads. The growing population is driving the increase in requests (24% increase from 2005-06 to 2006-07).

Targeted measures of success

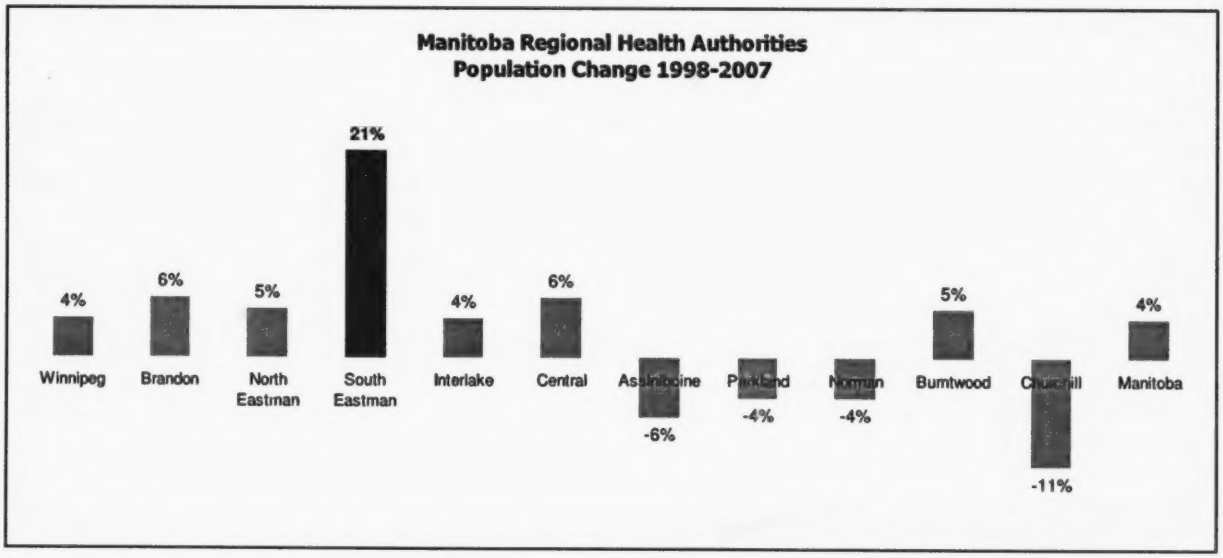
- Per capita funding.
- Administrative costs percentage.

Results

- Based on the South Eastman population, the RHA's per capita funding for 2007-08 was $1,021 per resident. The average for the Rural and Northern health regions was $1,408 per person.
- The benchmark administrative costs percentage set by Manitoba Health and Healthy Living is 5%. The provincial average is 5.1%. The actual percentage for South Eastman Health/Santé Sud-Est is 5.1%.
- The RHA received an 8.3% funding increase for 2007-08.
- Presented a population growth report to the RHA Board in August 2007.
- The Immigrant Settlement Committee provided an updated report to RHA management in May 2007.
- Met with the Federal, Provincial and local immigration representatives to discuss the impact of immigration on health services and how to best work together.
- Actively recruited midwifery candidates from across the country through the recruitment officer's attendance at career fairs. Three out of four positions in the Midwifery program were filled.

Challenges and future directions

- Expansion of core services to meet the increasing needs across all programs will require additional funding to maintain those services with the pace of growth in the region.
- With increased base funding, expansion of prevention, community wellness and primary health care services to meet Manitoba Health and Healthy Living priorities.
- The Community Health Assessment will be an integral process to evaluating and adjusting our services to meet the changing needs of our overseas immigrant families as well as the ongoing needs of our diverse populations.
- Addressing recruitment challenges in Midwifery services through Health Plan 2009-10 submissions as this area continues to be a high priority.



Source: Manitoba Health and Healthy Living

South Eastman Health/Santé Sud-Est Inc. experienced a 21% population increase between 1998 and 2007, well over the provincial average. Some of the factors on this decade long population increase include in-migration and high fertility rate. Fifty per cent of our new residents are from overseas. Fifty per cent are also under the age of 19. Most have settled in or around the region's Central District.

ACUTE CARE

Strategic Priority

To work towards equitable in-region access to quality acute care services for all South Eastman residents.

- To maintain equitable in-region access to acute care services.
- To strengthen Bethesda Hospital as a regional facility.
- To strengthen Ste. Anne Hospital as a regional bilingual facility offering French language services.
- To enhance emergency departments at the two regional hospitals.
- To enhance regional Emergency Medical Services.
- To focus obstetrical services at Bethesda and Ste. Anne hospitals, the two regional hospitals.
- To increase midwifery services.

RHA Board Ends

- Residents have access to select secondary services within the region.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve quality, accessibility, and accountability in the health system.
- Achieve a sustainable health system.

Context

- Due to historical funding patterns, South Eastman lacks a number of resources available in other RHAs which are essential to meeting regional priorities and provincial strategic directions.
- Growing Emergency Room patient volumes at Bethesda Hospital are exceeding meeting space requirements as established in 1986 with volumes now double expected visits.
- In South Eastman, the provision of French language services is a high priority and is bound by provincial legislation to provide health services in French to the French-speaking population. RHA responsibilities have increased and additional funding is required. South Eastman has the highest proportion of Francophone residents in Manitoba.
- Years of steady population growth have increased pressures on all RHA services.
- The RHA continues to plan for the four hospitals to provide core acute care services including emergency room services to local residents.
- The RHA is working to strengthen Bethesda Hospital as a central regional facility specializing in secondary and enhanced services, including Emergency Room and Cardiac Care. It also aims at having Ste. Anne Hospital function as a second regional bilingual facility providing French language services and select secondary services.

Targeted measures of success

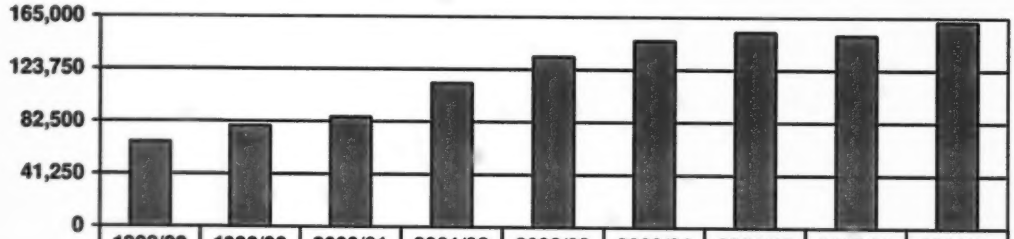
- Number of enhanced secondary services at Bethesda Hospital.
- Percentage of specialized nurses/physicians in the Emergency Room and Cardiac Care Unit.
- Percentage of employees able to provide French language services at designated bilingual facilities.
- Number of Emergency Medical Services primary unit shifts staffed at the Paramedic I and Paramedic II levels.
- Number of deliveries at Ste. Anne Hospital and Bethesda Hospital.
- Total number of visits to the Emergency Room at Bethesda Hospital.

Results

- All nurses and physicians at Bethesda Hospital developed specialized skills for the Cardiac Care Unit, which meets our target and enhances quality of care in the hospital.
- The secondary services provided at Bethesda Hospital are: surgery, obstetrics, cancer care, rehabilitation and advanced diagnostics.
- Created a Manager of Secondary Services position at Bethesda Hospital.
- Sixty percent (60%) of employees provide bilingual services in our designated bilingual facilities.
- Ninety five per cent (95%) of the primary shifts in the Emergency Medical Services have a Paramedic I and 47% have a Paramedic II on shift. The targets are 100% and 75% respectively.

- The number of deliveries at Ste. Anne Hospital and Bethesda Hospital has reached 471. The target is 600 per year.
- The total number of visits to the Emergency Room at Bethesda Hospital was 22,577. Although numbers have decreased, the acuity levels have increased.
- Submitted initiatives for both Ste. Anne Hospital and Bethesda Hospital redevelopment projects in the 2006-07 Health Plan. The plan for the redevelopment of the Emergency Room at Bethesda Hospital was announced in the fall of 2007 as was the redevelopment of the Surgical Suite at Ste. Anne Hospital. Work immediately began on these projects and they are targeted to be completed in 2010.
- Added five stations in the Cancer Care area for cancer therapy, reducing the stress of residents having to travel long distances outside of the region to access care.
- The Nurse Practitioner in the Bethesda Hospital Emergency Department continues to provide direct care to patients triaged as level 4, 5 and 6 (non urgent).
- A total of 4,095 non urgent cases presented to the Bethesda Hospital Emergency Department.
- Initiated negotiations to transition the Falcon Lake Emergency Medical Services station to the RHA.
- The new regional Birthing Centre opened to full capacity in January 2008 at Bethesda Hospital. This provided an additional four labour/delivery/recovery/post-partum rooms to the region.

Kilometers of Patient Travel Saved
Steinbach Community Cancer Care Program
9 year Summary Statistics



	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Kilometers Saved	66,240	78,912	85,824	112,512	133,728	146,400	153,408	151,104	162,048

Source: Cancer Care Manitoba 2007 – South Eastman Cancer Care Program 2007

The availability of quality cancer care close to home assists to alleviate the emotional and physical stresses placed on patients and families. For the year 2006-07, a total of 162,048 kilometers of patient travel were saved. This represents a 7% increase in kilometers not traveled for care.

Challenges and future directions

- Establishment of a Stroke Prevention Clinic in partnership with Manitoba Heart and Stroke.
- Continuing with Phase II education in the *MORE*^{OB} program for obstetrics.
- Moving forward with the redevelopment of the Emergency Room at Bethesda Hospital and the Surgical Suite at Ste. Anne Hospital.
- Completing an assessment of needs at the Bethesda campus to identify future expansion requirements.
- Addressing surgical wait times within the region by adding surgical slates in the upcoming fiscal year.
- Recruiting bilingual employees and providing French language training to reach the target of 100% of employees able to provide service to francophone clients in our designated bilingual facilities.
- Enhancing the regional Emergency Medical Services program to address volume increases.

LONG TERM CARE

Strategic Priority

To build the continuum of services required to meet the needs of the growing senior population for residents living in the community and residents progressing through loss of full independence.

- To help seniors live in the community as long as possible, in safe environments with quality of life.
- To enhance access to appropriate accommodations for seniors with activity limitations and disabilities.
- To partner with communities in developing senior housing options.

RHA Board Ends

- Vulnerable population groups are identified and have their specific needs met.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

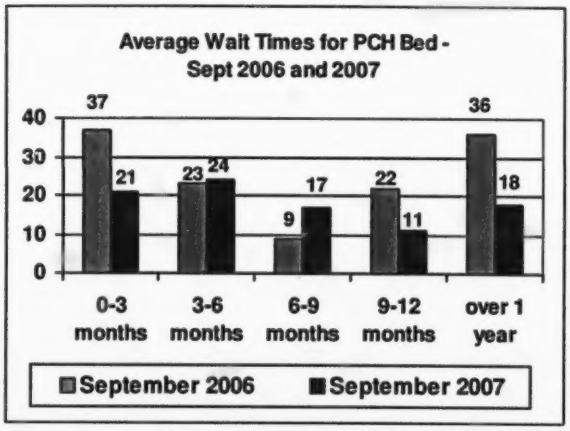
- The senior population in the South Eastman region is increasing much more rapidly than in the rest of Manitoba. Pressures on facility-based and community-based senior health services are steadily rising.
- Rapid growth of the senior population has led to a decline in the availability of illness care services, specifically primary care and personal care homes.
- The growing senior population also needs enhanced primary health care and support services to help seniors remain healthy and independent in the community for as long as possible.
- As the population increases and ages, and numbers of people with cancer and other life-limiting illnesses rise, needs and expectations for access to quality, flexible, and individualized cancer care and palliative care services are escalating.
- South Eastman is the fastest growing region. During the life of the RHA, no new personal care home beds have been added in the region. It is expected that by 2010, the personal care home beds ratio will be at 103 per 1,000 persons over the age of 75.

Targeted measures of success

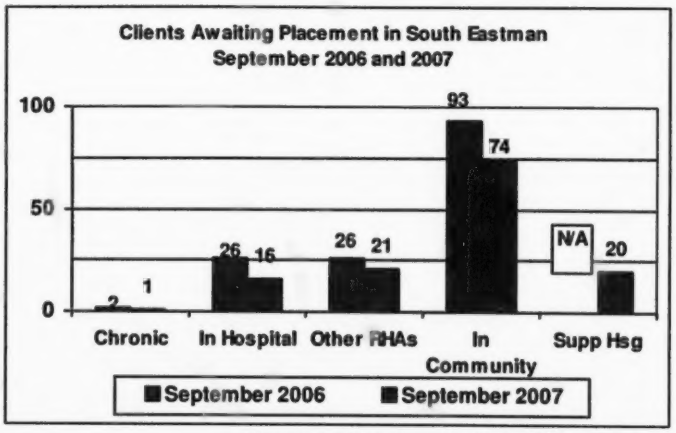
- Number of Personal Care Home beds per 1,000 residents over 75 years of age.
- Comprehensive Long Term Care review completed.
- Number of supportive housing units developed.

Results

- The personal care home beds ratio is currently at 109 per 1,000 persons over the age of 75.
- The Regional Long Term Care Strategy Working Group gathered data and evidence to guide the Board in the development of a regional long term care (LTC) plan.
- Received Phase II funding for the LTC strategy for supportive housing and support for seniors in group living. An action plan was completed to operationalize the LTC Report, and is in the process of being implemented.
- Developed a capital plan to address current and projected increased needs for PCH beds and ensure adequacy of supply. The RHA submitted findings from the LTC Report through the 2008-09 Health Plan Capital schedules. A meeting was held with Manitoba Health and Healthy Living to further review the report and discuss the evidence-based LTC Capital Plan to address personal care home bed needs.
- As of September 2007, there were 132 individuals awaiting placement for a personal care home or supportive bed, a decrease of 15 since the previous year.
- In the Level 2 and 3 categories, 114 residents are waiting placement, compared to 116 in 2006. In the Level 4 category, 13 residents are waiting placement, compared to 20 in 2006. In the Level 1 category, four residents are waiting placement, while there were nine last year.
- Met with potential community partners regarding housing development as per recommendations from the LTC Report.
- Completed the following supportive housing initiatives in the region: Cedarwood-8 units (Steinbach); Niverville–11 units; St. Malo-20 units.
- Supported the establishment of the Seine River Seniors Resource Council.



Source: South Eastman Health/Santé Sud-Est Inc.



Source: South Eastman Health/Santé Sud-Est Inc.

In 2007, 21 (46%) of those being admitted to a personal care home waited less than 3 months which is a decrease of 16 from 2006. In 2007, 45 residents have been waiting up to 6 months for placement which is a decrease of 15 from 2006. In 2007, 28 residents have been waiting up to a year which is a decrease of 3 from 2006. Seventeen of those waiting up to a year were being admitted at 9 months which is an increase in placement of 8 from 2006. In 2007, 18 residents have been waiting more than one year for their first choice personal care home admission, which is a 50% decrease from 2006.

As of September 2007, there were 132 individuals awaiting placement for a personal care home or supportive bed, a decrease of 15 since the previous year. For personal care homes, 74 of these residents are in the community, 16 are in the hospital, 21 are in other RHAs and one needs chronic care. The remaining 20 are waiting for a bed in South Eastman. Forty-six per cent of the people on the waiting list are being placed within six months of being on the waiting list.

Challenges and future directions

- Maintaining our partnership for the East Borderland Phase III project encompassing Elderly Persons Housing/Supportive Housing/Personal Care Home.
- Enhancing home care and community support services for seniors.
- Implementing Long Term Care Strategy initiatives.
- Gathering data and evidence to support the regional Long Term Care plan.
- Continuing with the implementation of recommendations from the Long Term Care report.
- Pursuing community partnerships for personal care home/supportive housing initiatives in the region.
- Implementing the P.I.E.C.E.S. strategy which provides an approach to understanding and enhancing care for individuals with complex cognitive/mental health needs and behaviour changes. The P.I.E.C.E.S. acronym (**P**hysical, **I**ntellectual, **E**motional, **C**apabilities, **E**nvironment, **S**ocial) provides a framework for exploring and understanding the multiple causes of behaviour and what has changed for the individual.

PRIMARY HEALTH CARE

Strategic Priority

To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

- To increase the quality and effectiveness of services provided at the first level of contact with the health system.
- To enhance prevention, health promotion, health education, and service integration.
- To meet expressed community needs for greater emphasis on front-line health services, new approaches to service provision, increased accessibility, increased flexibility, and alternate modes of delivery.

RHA Board Ends

- Residents have access to primary services.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve health quality, accessibility and accountability of the health system.

Context

- Better access to primary health care is a high priority item for South Eastman residents and for the RHA.
- Population growth and aging, accompanied by high volume increases, have significantly reduced access to physician-driven health services in South Eastman. Problems are compounded by a scattered geography with relatively few service sites.
- Physician recruitment and retention present ongoing challenges region-wide.
- Declining access to primary health care challenges the RHA to work towards innovative approaches to service delivery and expanded provision of comprehensive health services in primary health care settings.
- The recent establishment of two community health resource centres in South Eastman was community-driven and both show strong community support.

Targeted measures of success

- Regional health education/information plan developed.
- Number of RHA website hits.
- New initiative in the 2009-10 Health Plan.

Results

- A regional Primary Health Care Framework was developed to promote evidence-based, sustainable and integrated primary health care renewal by integrating the principles of primary health care into the design, delivery and evaluation of services and programs.
- Regularly updated content on all program areas of our public website and our Intranet site to ensure the public and RHA employees have access to timely and current information. This included updates such as health education tips, news and events, Board minutes, links, and administrative reference materials.
- A submission to the Aboriginal Health Transition Fund was successful and will support further development of a primary health care model in the Western District of the region.
- Submitted a proposal requesting support for additional Registered Nurse (Extended Practice) positions in the region. Received funding approval to support a Registered Nurse (Extended Practice) position for DeSalaberry District Health Centre.

- Furthered community outreach by partnering with the *Conseil communauté en santé du Manitoba (CCS)* and the *Table de concertation régionale Sud-Est* to establish community health resource centres in Ste. Agathe and La Broquerie. The centres were officially opened to the public in April 2007 and have provided such services as medical and public health consultations, health promotion activities, workshops and sessions on various topics, a health corner and computer for public access.
- Submitted a New Initiative as part of the 2009-2010 Health Plan to address the potential need for primary health care centres in other locations.
- Launched the RHA's new public website in February 2007. Prior to the launch of the new Intranet site in October 2007, the public site had a total of 35,971 page hits. This will continue to increase with the public becoming more aware of the new website, as well as with employees accessing the RHA Intranet site for such resources as administrative documents, forms, news items and staff information.

The Honourable Ron Lemieux, Greg Selinger and Raymond Simard partake in the ribbon cutting ceremony to officially open the La Broquerie Community Health Resource Centre. They are accompanied by Camille Brémault, a local student whose drawing was selected for the new logos, and Eloi Gagnon, the oldest resident of La Broquerie, at 101 years of age.

Challenges and future directions

- Implementing the regional Primary Health Care Framework.
- Expansion of sites providing integrated service delivery as per the Primary Health Care Model.
- Exploring the development of primary health care services in collaboration with medical clinics.
- Implementing regular updates of information and links to the RHA public and Intranet sites.
- Furthering community outreach to bring education, information and wellness activities closer to people's homes.
- Enhancing services at East Borderland and Niverville Primary Health Care Centres.
- Implementing the Aboriginal Health Transition Fund project in the Western District.
- Actively recruiting Registered Nurses (Extended Practice) for approved positions.

MENTAL HEALTH

Strategic Priority

To build on the significant enhancements made to community mental health program and services over the past few years.

- To increase community knowledge and understanding and reduce stigma associated with mental health
- To increase access to quality mental health services in the community.

RHA Board Ends

- Residents have equal opportunities to realize their full potential for health, are supported by healthy families and healthy communities, and make educated decisions and choices about healthy lifestyles.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

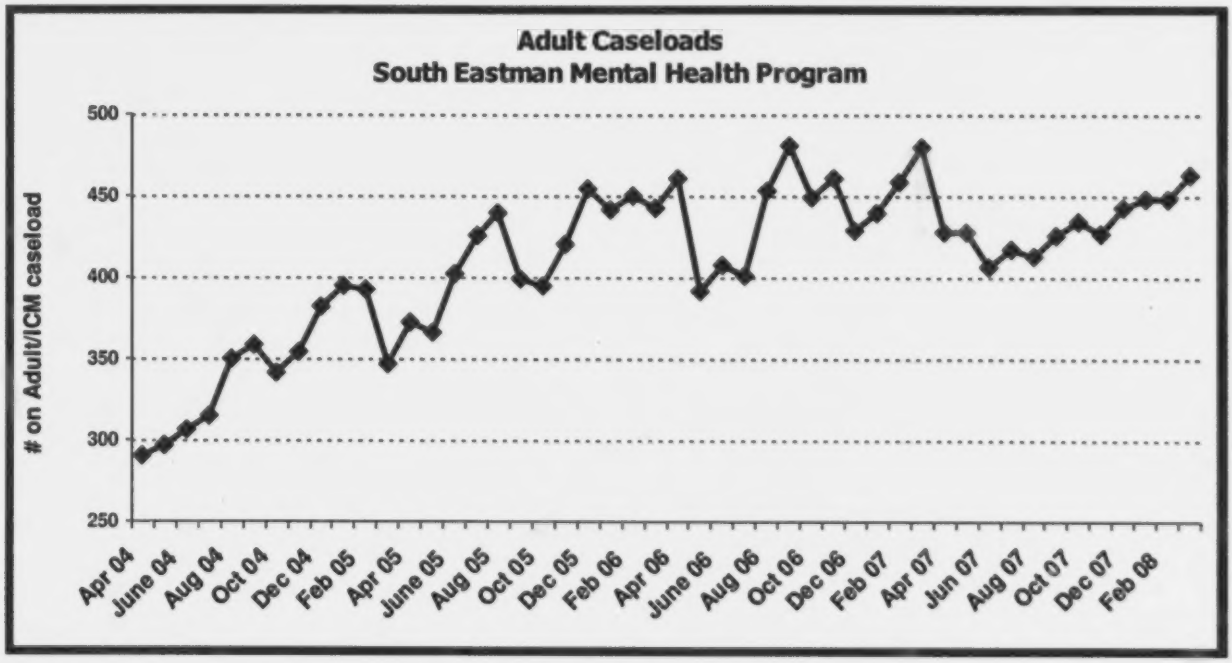
- Mental health continues to be a priority across communities, gender and age groups.
- South Eastman's community health programs are experiencing steadily increasing volumes across all areas. There are ongoing needs for improved public awareness, expanded community services including housing and a crisis stabilization unit so that clients can receive crisis intervention services closer to home.
- Between April 2004 and January 2006, requests for Child & Adolescent and Adult/Intensive Case Management services increased by 59% and 57% respectively. Requests for Mental Health Services for Older Adults also increased by 103%. These volumes remained consistent in 2006-07.
- Since 2004, incoming calls to the crisis line have increased by approximately 61%, with total incoming calls numbering as high as 206 monthly. Between 2002-03 and 2003-04, responses to suicide calls almost doubled, and in 2005-06 this demand increased by an additional 31% for a total of 152 suicide calls and remained consistent in 2006-07
- There are no resources for crisis stabilization and no psychiatric beds within South Eastman.
- Mental health is consistently amongst the top priorities referenced in all community consultations.

Targeted measures of success

- Number of community Mental Health Proctors.
- Number of clients admitted to a Crisis Stabilization Unit outside the region.
- New Initiative in the 2009-10 Health Plan.
- Adult caseload at provincial target of 50.

Results

- Developed a case management database and provided training to Case Managers from the Mental Health program on how to input data for program planning and development. The database will provide additional evidence to identify resource needs within the program.
- Submitted a New Initiative Schedule in the 2008-09 Health Plan for the development of a Crisis Stabilization Unit within the South Eastman region. Met with Manitoba Health and Healthy Living to discuss the strategies and project. Also included a Capital Project Schedule for this initiative in the 2009-10 Health Plan.
- Initiated the implementation of the Proctor Services Review Action Plan. In Phase I of the Proctor Service redevelopment, an increase of 33% of clients was served within the current budget, including the hiring of four new proctors. Delivered a Proctor training session. Made a presentation to the Manitoba Schizophrenia Society regarding Phase I updates and expansions to Proctor Service. There are 14 Proctors across nine geographical areas of the region.
- Established a new Psychologist position to which a successful applicant was recruited and will commence in September 2008.
- Submitted a Specialized Supports application under the Long Term Care Strategy for funding to support older adults with mental health concerns. We are awaiting the funding approval.
- The newly established Mental Health Advisory Council increased its membership and developed Terms of Reference.



Source: South Eastman Health/Santé Sud-Est Inc.

Mental Health caseloads are rising steadily. Between 2004-05 and 2007-08, the Mental Health adult caseloads have increased 82%. In December 2007, the average adult caseload in the RHA's Mental Health Program was 67.

Challenges and future directions

- Actively lobbying with Addictions Foundation of Manitoba (AFM) and Mental Health & Addictions Directorate for increased AFM employees.
- Implementation of the Proctor Services Review Action Plan.
- Lobbying for funding for Specialized Supports under the Long Term Care Strategy to support older adults with mental health concerns.
- Gathering data on out-of-region admissions to both Crisis Stabilization Units and hospitals to further support the need for a South Eastman regional Crisis Stabilization Unit.
- Continuing to support the Mental Health Advisory Council and holding regular meetings to provide direction in the Mental Health program.
- Exploring various best practice options and alternatives, and providing a continuum of high quality community mental health services in a variety of community settings.

HEALTH PROMOTION AND ILLNESS PREVENTION/EDUCATION

Strategic Priority

To further position promotion, education and prevention services as key to improving future health in the population.

- To achieve a strong focus on health promotion/illness prevention and education across all regional programs and services.
- To build on information from the community consultations to develop more effective ways of providing residents with access to information on healthy living.

RHA Board Ends

- Residents have a good knowledge of healthy living practices.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- South Eastman residents and the RHA recognize illness prevention and health promotion as fundamental to sustaining the health care system and optimizing the health of Manitobans. A crucial component of delivery of effective prevention programming is sufficient resources to implement initiatives that promote the adoption of healthy living practices.
- Programming must be gender-appropriate and take into account cultural/language differences and the region's relatively low education and income levels.
- There is also mounting evidence that greater investment in young families, particularly during children's early years, pays huge dividends in terms of long-term population health and well-being, and sets the foundation for healthier societies.

Targeted measures of success

- Number of quality teams with promotion and prevention elements identified in their quality action plans.
- Number of community health resource centres established in the region.
- Number of community Chronic Disease Prevention Initiative initiatives community projects.
- Number of RHA public and Intranet website hits.

Results

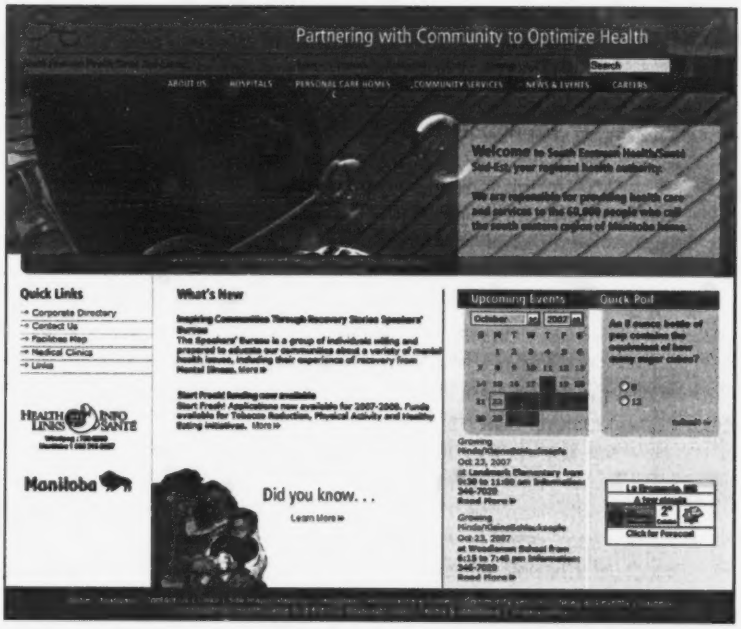
- Regional Quality Teams, which represent programs and services across the organization, were audited for promotion and prevention elements with their action plans. Ten out of thirteen teams had identified opportunities to include prevention/health promotion initiatives.
- Established two new community resource health centers: one in Ste. Agathe and the other in La Broquerie. Feedback from our community partners and residents has been very positive.
- Healthy living includes providing leadership on initiatives such as the prevention of chronic disease. The community based steering committee which included membership from our District Health Advisory Councils supported 19 community projects focused on healthy living. There were a total of 27 applications with 17 projects implemented at local levels and two regional initiatives successfully supported. The feedback on these initiatives has been resoundingly in support of continuing the focus on the projects. The target is only limited by the resources available to support the projects. The following projects were funded through this year's *Start Fresh!* program:

Training camp in La Broquerie	Duathlon in Ste. Anne
Physical activity evening in Richer	Healthy mind & body program in Richer
Adult running club in Lorette	Fitness instructor training in St. Pierre
Mini special olympics in St. Malo	Community healthy living in Niverville
Children's skating program in Vita	Swimming instructor training in Vassar
Information sessions in La Broquerie & Ste. Agathe	Healthy eating and positive living with Eden East
Healthy eating for women in Grunthal	Anti-smoking play & school tour in Steinbach
Smoke free challenge in Steinbach	Regional initiative for smoking cessation

- The introduction of the RHA Intranet site facilitated communication with our employees regarding health promotion and prevention workshops and education, as well as connections to resources to support the dissemination of critical healthy living information. Much of these healthy living internal postings have also been on the region's external website. There were 35,971 website hits prior to the launch of the RHA Intranet site in September. The websites continue to grow as we add new information and links, making information readily accessible to our residents and employees.

Challenges and future directions

- Having health promotion and illness prevention/education form core components of all regional programs and services as identified in the quality action plans.
- Developing and implementing a regional health education/information plan.
- Enhancing and monitoring/evaluating the RHA website information and links, as well as its content management.
- Targeting young families and young children with education and choices about healthy lifestyles to encourage the development of healthy living practices at a young age.
- Developing healthy living resources and supporting prevention/health promotion programming.
- Implementing the culturally relevant prevention/health promotion activities of the Aboriginal Health Transition Fund project.
- Partnering with communities to support healthy living initiatives.



New RHA website includes timely information and user friendly tools.

QUALITY

Strategic Priority

To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.

- To provide staff with training and education in quality improvement.
- To ensure continuous process for client feedback.
- To support quality teams as doing "work" of the region.
- To share learning opportunities with staff.
- To foster respect between all service providers through improved communication.
- To improve communication between patients and service providers.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Links

- Improve quality, accessibility and accountability.

Context

- The Board undertook consultations with various stakeholders on the topic of quality.
- The Board has prioritized quality of care and patient safety as areas of focus, but is challenged due to population growth and inadequate resources.
- It is important for all levels of RHA employees to receive training and education in quality improvement.
- The RHA aims at coordinating and conducting client satisfaction surveys at regular intervals.

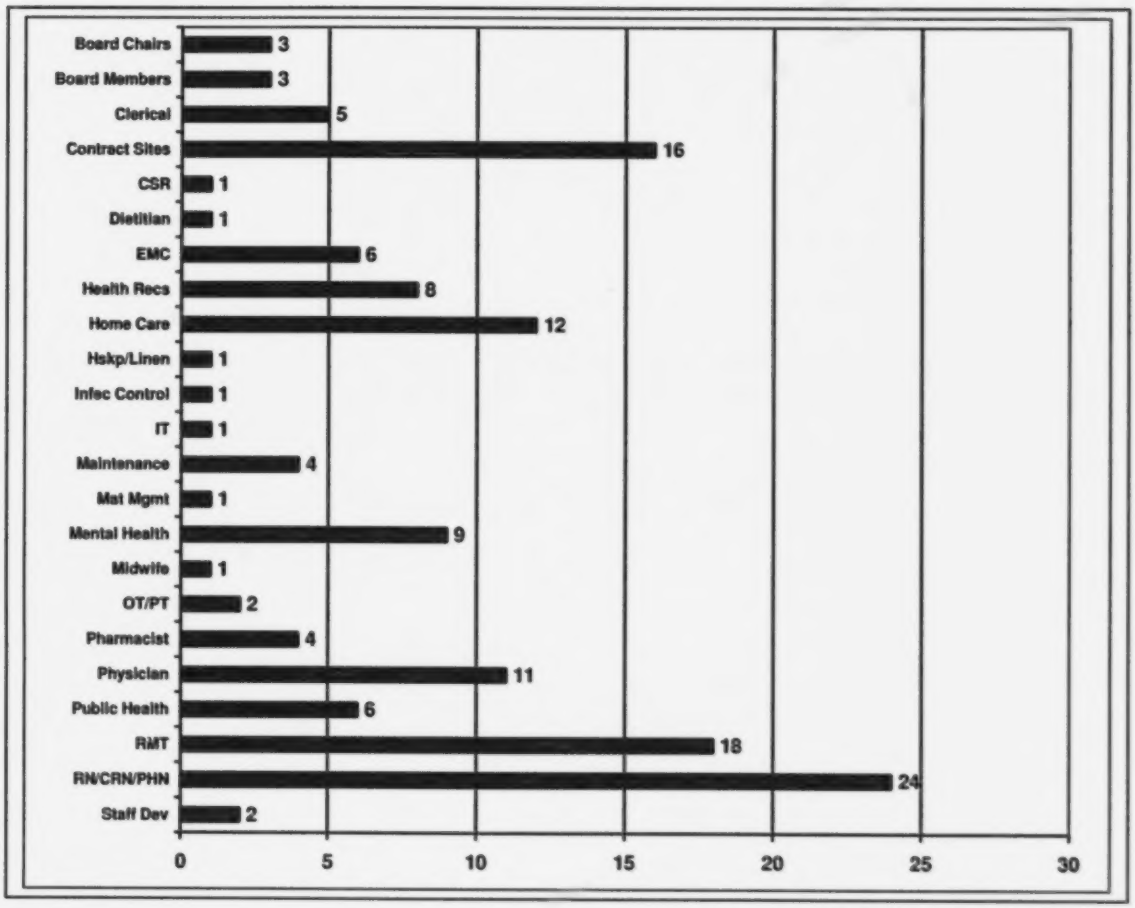
Targeted measures of success

- Patient Safety Officer position funded and filled.
- Quality and patient safety education included in regional orientation sessions.
- Client satisfaction surveys reported to the Board and stakeholders.
- Informed Consent policy updated and implemented.
- Number of employees on Quality Teams.

Results

- The newly created Patient Safety Officer position was filled part time starting in January 2008 and full time as of April 1, 2008.
- General regional orientation sessions are held four times a year, and include quality and patient safety education. One hundred employees attended regional orientation in fiscal year 2007-08.
- Data was collected from client satisfaction surveys completed in Long Term Care, the Bethesda Hospital Emergency Department, as well as the Mental Health and the Obstetrical programs. The results were shared with the Board, Regional Quality teams, Regional Management Team and Medical Advisory Committee. Overall, 908 surveys were distributed with 333 returned which represents a 36.6% return rate. The results are also posted on the website for employees to review along with hard copies available at each site. Areas for improvement are being reviewed.
- The region completed the revision of the Informed Consent policy to incorporate informed choice and the documentation of same. The Informed Consent policy has been updated and posted to the internal website with translated forms that can be downloaded by employees.

Number of RHA Employees Participating in Quality Improvement Teams



Source: South Eastman Health/Santé Sud-Est Inc.

Fifteen per cent (15%) of total employees are participating on the Quality Improvement Teams, inclusive of physicians and Board members. Although there are 140 participants on the teams, there are actually 182 team members reflected as a result of some employees being on more than one team (nearly 40 employees are on more than one team). This is somewhat less than the previous year, in which there were 158 participants on teams.

Participants in the Quality Improvement Teams include a wide range of individuals, from Board Chair to consumers and outside agencies, various health care providers, as well as senior and middle management.

Challenges and future directions

- Ensuring quality improvement education is provided to all levels of employees beyond general orientation.
- Coordinating and conducting client satisfaction surveys at regular intervals as well as reporting results in a timely manner.
- Continuing to implement standards through Accreditation Canada, as well as monitor and evaluate identified areas of improvement.
- Positioning the region for the next accreditation cycle in 2011.

PATIENT SAFETY

Strategic Priority

To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.

- Meet the Patient Safety goals as outlined in the Accreditation Canada Patient Safety Goals and Required Organization Practices to include:
  - Create a culture of safety and learning within the organization;
  - Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/services;
  - Ensure the safe administration of high risk and parenteral medications;
  - Create work and physical environment that supports the safe delivery of care/service;
  - Reduce the risk and impact of organization-acquired infections across services.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Links

- Improve quality, accessibility and accountability.

Context

- Patient Safety is a topic receiving much attention following the Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada (Baker & Norton). Providing annual training on patient safety to all employees is therefore critical.
- The Board has prioritized quality of care and patient safety as areas of focus within the Strategic Plan of the RHA. Activities pursuant to this include: informing clients/families about their role in patient safety; reconciling medications upon admission/transfer; establishing a medication management cycle; monitoring infection rates and sharing results throughout the organization; and delivering education on hand hygiene to employees, volunteers and other providers.
- Accreditation Canada has also increased the profile of patient safety by highlighting 21 Required Organizational Practices which include areas of communication, medication management and infection control. In connection with these Required Organizational Practices, as well as the Manitoba Health and Healthy Living priorities of improving patient safety and quality care, the region has joined three of the *Safer Health Care Now* initiatives: Surgical Site Infection, Medication Reconciliation, and Acute Myocardial Infarction.

Targeted measures of success

- Education on and participation in the Manitoba Institute of Patient Safety initiatives such as *It's Safe to Ask* campaign.
- Number of sites/programs implementing medication reconciliation.
- High concentration drugs are safely stored.
- Annual training of employees on patient safety issues and concerns.
- Number of hand hygiene compliance audits.
- Surgical site infection rates.

Nurse reviews "It's Safe to Ask" brochure with patient.

Results

- The brochures from the Manitoba Institute of Patient Safety explaining the *It's Safe to Ask* campaign are in all acute care and long term care sites in the region. RHA employees are familiar with the initiative.
- Medication reconciliation has a focused project plan and regional steering committee committed to implementing the practice throughout the region by 2011. Two acute care sites are currently in a pilot phase. Education sessions on the process of medication reconciliation have been delivered to various stakeholders.
- High concentrate medications are appropriately stored in all four acute care sites as per recommendations from the College of Physicians and Surgeons of Manitoba and Accreditation Canada.
- Initiated annual training of employees during Patient Safety Week in October 2007, where the RHA also launched its hand hygiene campaign. A baseline audit was completed in all locations and programs. A follow-up audit six months after the campaign launch showed a 12% increase in compliance with the hand hygiene policy compared to the baseline data. The greatest improvements noted were the availability of alcohol-based hand rub at nursing stations and reception areas, as well as the awareness and ability of employees to locate the hand hygiene procedure.
- Surgical infection rates are consistently low across all procedures, and the use of post operative antibiotics is an expected and accepted practice in the regional surgical program.

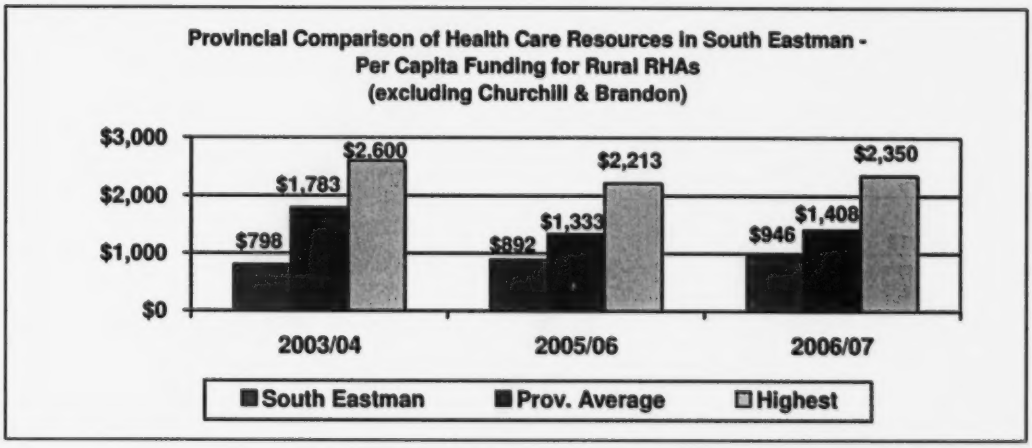
Nurse, pharmacist and physician consult for medication reconciliation.

Challenges and future directions

- Community education on the *It's Safe to Ask* campaign is upcoming in the next year.
- Implementation of the new revised Accreditation Canada requirements to make employees aware of approaches the RHA is using to inform and educate patients/families about their role in patient safety.
- Providing annual training on patient safety to all employees.
- Delivering education on hand hygiene to employees, volunteers and other service providers.
- Implementing medication reconciliation across the region.
- Developing and implementing a High Risk Medication Policy.
- Continuing to implement the integrated Risk Management Strategy.

Other regional challenges and future directions

- Factors that could effect on the achievement of the RHA's future directions include adequate funding, population growth, as well as recruitment and retention challenges.
- Advocating Manitoba Health and Healthy Living to recognize our need for adequate funding to achieve the RHA's strategic priorities, service requirements due to population growth, as well as recruitment and retention challenges.
- Providing core acute care services, including Emergency Room services to local residents, in all four hospitals.
- Strengthening Bethesda Hospital as a central regional facility specializing in secondary and enhanced services, including Emergency Room services and Cardiac Care.
- Implementing the Palliative Care Steering Committee with representatives from across the continuum of care to support broad based program and policy development.
- Continuing to share information on population health and literacy broadly, at all levels within the community.
- Creating ongoing opportunities to enhance community understanding, discussion, and collaboration on population health issues.
- Broadening and strengthening community partnerships, with greater investment in literacy, early childhood, and other community-based population health initiatives.
- Pursuing partnership research projects to expand local evidence and provide data to guide regional policy-making and planning.
- Establishing a regional staff development program that provides all employees with ongoing education, training, upgrading and skills evaluation.
- Providing appropriate tools and resources to enable employees to meet quality standards.
- Strengthening the existing volunteer base across all programs. Developing a submission for the 2009-2010 Health Plan for a Volunteer Coordinator position.



Source: Manitoba Health and Healthy Living

South Eastman Health/Santé Sud-Est Inc. continues to be well below the provincial average of $1,408 in terms of per capita funding in 2006-07. Despite above average funding from Manitoba Health, the strong population growth has resulted in the RHA having the lowest per capita operating funding in the province for 2006-07. However, the percentage of the rural average per capita did increase from 66.95% in 2005-06 to 67.21% in 2006-07.

RISK MANAGEMENT STRATEGY

South Eastman Health/Santé Sud-Est Inc. has an integrated Risk Management Policy which helps us ensure that risk is managed within the region's health care system. The intent is to provide the foundation to a non-threatening environment which will encourage the development of a work force capable of recognizing and dealing with risk issues. Patient safety principles were included in the regional orientation starting in December 2007, which reached over 100 new employees.

Ongoing reporting of occurrence information is in place and reports are generated quarterly to follow the trends within our facilities. We are working towards improving our database collection system to provide more detailed information in the future.

Our Service Concerns Policy is posted on the RHA external and internal websites, and we encourage prompt replies and resolutions to all complaints brought forward. We have used executive walkabouts in key areas of the organization to identify potential risks and safety concerns.

Recommendations from the site visits are being pursued for possible implementation. Executive walkabouts are planned in our Community programs for the upcoming year. We are also working proactively on the new Required Organizational Practices from Accreditation Canada, such as dangerous abbreviations and narcotic safety.

CAPITAL PLAN

South Eastman Health/Santé Sud-Est Inc. continues to upgrade its capital infrastructure throughout the region to meet legislative, standards of care, and program volume needs. Prioritization of all capital projects and of safety and security projects occurs annually.

Regional Cancer Care and Birthing Centre

A new cancer care and obstetric facility was officially opened at Bethesda Hospital in Steinbach. This new facility provides residents of south eastern Manitoba with access to additional high-quality obstetrical and outpatient cancer care services closer to home. This is the result of a strong partnership with the province providing more than $2.284 million in capital funding for the project, the Bethesda Foundation providing $1.4 million, and the remainder of the funding provided by the Bethesda Regional Health Care Auxiliary and South Eastman Health/Santé Sud-Est Inc.

New Regional Cancer Care & Birthing Centre

The new three-storey addition to the existing facility provides:

- a 3,300 square foot Cancer Care unit on the main floor;
- four new birthing rooms for families on the second level; and
- future space for other clinical services and a learning centre on the lower level.

The growth in the regional birth rate is expected to make full use of the modern facilities, and subsequently, the complement of physicians, midwives and nursing staff.

Emergency Department Project at Bethesda Hospital

The Minister of Health announced in October the investment of $4.5 million to expand and renovate the Emergency Department at Bethesda Hospital in Steinbach. The renovations and expansion will provide:

- an observation area;
- a dedicated special care unit;
- enlarged waiting areas for the emergency department and the laboratory;
- a new private admitting and triage area;
- additional examination and treatment spaces;
- a quiet family room;
- a phlebotomy area (for collection of blood);
- an expanded nurse charting area and a conference/workspace area;
- a dedicated medication room; and
- a mental health examination room.

Announcement of renovations to Ste. Anne Hospital

Operating Suite and Post Anaesthesia Care Unit at Ste. Anne Hospital

The Minister of Health also announced the investment of more than $6 million for renovations to Ste. Anne Hospital. The renovations will include:

- the creation of an additional operating room theatre, bringing the total number of theatres in the surgical suite to two;
- renovation of a room to be dedicated to scope procedures;
- the development of a dedicated post-anaesthetic care unit next to the surgical rooms;
- upgrades to the emergency generator, cooling system and mechanical space; and
- a meeting space for employees.

HEALTH AND HEALTHY LIVING

- Management of the RHA approved the creation of an Employee Work-Life Committee, which will begin activities in 2008-09.
- A new Recruitment Officer position was created to address challenges in recruitment to positions such as physicians, nurses and other health professions, as well as employee retention.
- The RHA holds Staff Appreciation Barbecue luncheons annually at each of its four acute care facilities to recognize all employees and volunteers for their dedication and commitment to the RHA and its clients.
- The RHA holds an annual Long Service Award event whereby employees with more than 10 years of service are recognized and receive customized awards for their years of service.
- The Chief Executive Officer held an annual Team Building Day for the Regional Management Team.

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public sector.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by South Eastman Health/Santé Sud-Est Inc. for fiscal year 2007-08.

Information required annually (per Section 18 of the Act)	Fiscal year 2007-08
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL No disclosure was received.
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL No investigation was commenced under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c)	NIL No investigation was commenced under the Act.

CONDENSED STATEMENT OF FINANCIAL POSITION

March 31			2008	2007
	Regional Health Authority	Contract Facilities	Consolidated	Consolidated (Restated)
Assets				
Current Assets				
Cash	$ 1,576,057	$ 295,126	$ 1,871,183	$ 1,095,852
Accounts receivable	2,131,862	359,457	2,491,319	1,363,533
Due from Manitoba Health	808,332	24,400	832,732	802,042
Inventories	1,190,682	73,832	1,264,514	1,363,171
Prepaid expense	369,295	20,145	389,440	247,274
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	8,241,507	1,261,230	9,502,737	7,525,421
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	97,975	-	97,975	215,604
Capital assets	41,702,481	11,326,032	53,028,513	51,969,578
	$ 51,940,538	$ 13,045,839	$ 64,986,377	$ 62,067,755
Liabilities and Net Assets				
Current Liabilities				
Bank indebtedness	$ -	$ 26,962	$ 26,962	$ 301,635
Accounts payable and accrued liabilities	4,228,250	717,316	4,945,566	4,738,840
Accrued vacation entitlements	2,807,419	637,524	3,444,943	3,198,008
Current portion of long-term debt	-	-	-	168,640
Unearned revenue	333,221	3,484	336,705	222,509
	7,368,890	1,385,286	8,754,176	8,629,632
Accrued retirement obligations	3,240,447	458,577	3,699,024	3,311,699
Long-term debt	-	-	-	422,859
Deferred Contributions				
Expenses of future periods	599,915	293,131	893,046	1,157,939
Capital assets	41,174,232	11,115,033	52,289,265	49,176,536
	41,774,147	11,408,164	53,182,311	50,334,475
Commitments and contingencies				
Net Assets				
Investment in capital assets	528,249	210,999	739,248	2,201,543
Externally restricted - Contract Facilities	-	(417,187)	(417,187)	(620,582)
Externally restricted	97,975	-	97,975	215,604
Unrestricted	(1,069,170)	-	(1,069,170)	(2,427,475)
	(442,946)	(206,188)	(649,134)	(630,910)
	$ 51,940,538	$ 13,045,839	$ 64,986,377	$ 62,067,755

CONDENSED STATEMENT OF OPERATIONS

For the year ended March 31	Regional Health Authority	Contract Facilities	2008 Consolidated	2007 Consolidated (Restated)
Revenue				
Province of Manitoba				
Health	$ 56,406,994	$ 8,439,397	$ 64,846,391	$ 57,683,066
Other	1,547,911	124,570	1,672,481	952,176
Government of Canada	21,500	80,834	102,334	346,536
Non-insured income	2,697,358	2,199,916	4,897,274	4,567,528
Other income and recovered services	124,598	269,605	394,203	257,947
Ambulance income	-	-	-	559,407
Amortization of deferred contributions	2,280,796	490,992	2,771,788	2,561,504
	63,079,157	11,605,314	74,684,471	66,928,164
Expenditures				
Acute care services	21,425,704	-	21,425,704	18,819,604
Long-term care services	8,154,298	10,829,567	18,983,865	17,757,799
Community based home care services	12,421,633	-	12,421,633	11,351,267
Community based health services	4,889,630	-	4,889,630	4,906,323
Medical remuneration	5,025,767	-	5,025,767	3,669,778
Diagnostic services	3,200,172	-	3,200,172	2,962,141
Amortization of capital assets	2,280,796	490,992	2,771,788	2,561,504
Community based mental health services	2,236,526	-	2,236,526	1,996,734
Emergency Medical Services	2,310,150	-	2,310,150	1,808,211
Regional Health Authority costs	1,387,294	-	1,387,294	1,102,501
Interest on long-term debt	-	4,813	4,813	34,389
	63,331,970	11,325,372	74,657,342	66,970,251
Retirement obligation funding received 2005/06	-	-	-	236,960
Excess of revenue over expenditures for the year	$ (252,813)	$ 279,942	$ 27,129	$ 194,873
Allocated as follows				
Externally restricted	$ -	$ 279,942	$ 279,942	$ (225,447)
Unrestricted	(252,813)	-	(252,813)	420,320
	$ (252,813)	$ 279,942	$ 27,129	$ 194,873

Auditors' Report

To the Board of Directors of
SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:

The accompanying condensed statements of financial position and operations are derived from the complete financial statements of South Eastman Health/Santé Sud-Est Inc. as at March 31, 2008 and for the year then ended on which we expressed an opinion without reservation in our report dated May 23, 2008. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the condensed financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete statements of operations in accordance with the criteria described in the Guideline referred to above.

These condensed financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operation and cash flows, reference should be made to the related complete financial statements available at the offices of the Authority.

BDO Dunwoody LLP

Chartered Accountants

Winnipeg, Manitoba
May 23, 2008

***Note:** A complete set of Financial Statements and Public Sector Disclosure Report with Auditor's Report may be obtained directly from South Eastman Health/Santé Sud-Est Inc. by calling (204) 424-5880/1-866-716-5633 or at our website: www.sehealth.mb.ca.*

CONTACT INFORMATION (South Eastman Health/Santé Sud-Est Inc.)

General Information

Corporate Office 424-5880/1 866 716-5633
E-mail ..... corp@sehealth.mb.ca
Website ..... www.sehealth.mb.ca

Hospitals

Bethesda Hospital 326-6411
Centre médico-social DeSalaberry District Health Centre 433-7611
Hôpital Ste. Anne Hospital 422-8837
Vita & District Health Centre 425-3804

Primary Health Care Centres

East Borderland (Sprague) 437-3015
Niverville 388-7060

Personal Care Homes

Bethesda Place (Steinbach) 326-6411
Repos Jolys (St. Pierre) 433-7443
Whispering Pines Lodge (Vita) 425-3325

Contract Long Term Care Facilities

Menno Home for the Aged (Grunthal) 434-6496
Rest Haven Nursing Home (Steinbach) 326-2206
St. Adolphe Personal Care Home 883-2181
Villa Youville (Ste. Anne) 422-5624

Programs and Services

Audiology 346-6250
Community Cancer Care 346-5160
Diagnostic 346-5153
Emergency Medical Services 346-7028
Home Care 346-6122
Mental Health 346-7035
Mobile Crisis Unit 326-9276/1 888 617-7715
Medical Officer of Health 346-6140
Midwifery 433-7198
Palliative Care 346-7063
Public Health/Primary Health Care 346-6145
Services to Seniors 346-6256

Community Services

Dominion City 427-3460
Lorette 878-5000
St. Adolphe 883-2243
Ste. Anne 422-8817
St. Pierre 433-7636
Steinbach 346-6123
Vita 425-3859

Contract Community Health Centres

Centre de santé La Broquerie 424-5575
Centre de santé Sainte-Agathe 882-2827
Coin Santé/Health Corner (St. Pierre) 433-7611